

# Presbytery of Des Moines

## Sexual Misconduct Complaint Form

*In all instances and with all persons, in the investigation a healing process will be attempted.*

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_ Date \_\_\_\_\_

### Person Suspected of Misconduct:

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

Please write a brief summary of alleged sexual misconduct including date(s), time(s), and location(s).

Please continue on back, if necessary. Thank you for having the courage to report this.

Please submit this form to: Stated Clerk  
Presbytery of Des Moines  
2400 86<sup>th</sup> Street, Suite 20  
Urbandale, IA 50322-4306